

# **The Influence of Organizational Characteristics and Psychological Empowerment on Secondary Traumatic Stress of Social Workers Working with Family Violence or Sexual Assault Survivors**

Ga-Young Choi

University of Illinois at Urbana-Champaign

Urbana-Champaign, IL

## **Statement of the Research Problem**

Social workers providing direct services to family violence and sexual assault survivors can be at risk for developing secondary traumatic stress (STS) as they are indirectly exposed to clients' traumatic experiences (Bober & Regehr, 2006). The symptoms of STS are similar to posttraumatic stress symptoms (Figley, 2002). This indirect traumatic stress has been referred with various names such as vicarious traumatization and compassion fatigue. In this research, I use the widely used term, secondary traumatic stress (Sabin-Farrell & Turpin, 2003).

Slattery (2003) found that 47% (total  $n=148$ ) of the domestic violence advocates had clinically significant levels of PTSD from working with their clients. Similar results with therapists working in the sexual violence field were found. Way, Vandeusen, Martin, Applegate, and Jandle (2004) reported that over half (52%, total  $n=347$ ) of their respondents experienced PTSD symptoms such as intrusive thoughts and avoidance from helping the survivors. These prevalence indicate that not a small number of helping professionals experience STS.

STS can adversely impact practitioners' personal well-being. Moreover, it may affect their quality service delivery to their clients (Munro, 1999) as well as workplace climate (Herman, 1992). Therefore, organizational care through organizational policy and structural change is important to prevent and treat social workers' STS (Landy & Meena, 2006; O'Brien, 2006). Existing research failed to include the broader set of organizational factors in relation to STS and the findings on whether organizational variables relate to STS have been inconsistent. Thus, first, this research examines the broader organizational

characteristics that contribute to STS of social workers who assist family violence or sexual assault survivors.

Furthermore, STS literature and theoretical perspectives imply that social workers' sense of empowerment can affect their STS experience (Bell, 2003; Figley, 2002; Pearlman & Saakvitne, 1995). For example, Bell discovered that domestic violence workers who felt successful when handling stressful situations were less stressed, regardless of the coping strategies they used. Bell reported that this sense of competence was a protective factor for the workers' vulnerability to vicarious traumatization. Social workers' sense of empowerment can be promoted through organizational interventions (Bailey, 1994). In fact, Organizational behavior and nursing researchers found that employees' sense of empowerment is affected by some organizational characteristics and it has positive effects on job outcomes such as managerial innovation (Spreitzer, 1995a) and job satisfaction (Laschinger, Finegan, Shamian, & Wilk, 2004).

STS is a possible work outcome for social workers in trauma fields. Therefore, this study also examines whether and how social workers' psychological empowerment is affected by organizational characteristics and whether empowerment influences their STS experiences. Finally, the study examines whether social workers' psychological empowerment mediates the relationship between organizational characteristics and STS.

## **Research Background and Hypotheses**

The organizational characteristics in this study were defined with organizational support and work conditions. The organizational support features included 1) support from coworkers, supervisors, and work teams; 2) access to organization's strategic information; 3) access to organizational resources; and 4) organizational culture.

The work conditions features included 1) hours spent providing services to family violence/sexual assault cases; and 2) quality clinical supervision.

Social workers' psychological empowerment was defined with the four domains of empowerment including having sense of meaning, competence, self-determination, and impact in the work they do (Spreitzer, 1995a; 1995b). The control variables included age, years of experience in trauma field, past trauma history, and salary.

I developed four hypotheses based on the literature.

1. Organizational support and work conditions will be significantly related to STS. Social workers who perceive higher levels of organizational support and higher levels of quality supervision will have lower levels of STS, and social workers who spend more hours providing services to trauma cases will have higher levels of STS, controlling for the demographic variables.

2. Organizational support and work conditions will be significantly related to psychological empowerment. Social workers who perceive higher levels of organizational support and perceive higher levels of quality supervision will have higher levels of psychological empowerment, and the more hours spent providing services to trauma cases will be related to lower levels of psychological empowerment, controlling for the demographic variables.
3. Social workers with higher levels of psychological empowerment will report lower levels of STS, controlling for the demographic variables.
4. Psychological empowerment will mediate any relationships found between organizational support and work conditions and STS, controlling for the demographic variables.

## Methodology

Using a cross-sectional survey research design, the study participants were recruited from the National Association of Social Workers mailing list. A survey packet was mailed to the 1001 randomly selected social workers. The sample was selected from the four work forces of alcohol/drug abuse, family issues, health, and violence/victims services as social workers in these areas are highly likely to treat survivors of family violence or sexual assault. To be eligible for study participation, social workers must provide direct services to family violence or sexual assault survivors on a regular basis and must be employed by an organization at the time of data collection. After screening for the responses that met the study criteria, the final sample size was 154, resulting in the effective response rate of 15.4% (N =1001).

STS was measured using the Secondary Traumatic Stress Scale (Bride, Robinson, Yegidis, & Figley, 2004). The scale measures three core PTSD symptoms of intrusion, avoidance, and arousal on a 5-point Likert-type scale (1= *never*, 5= *very often*). A total sum score of all the subscales were used.

Psychological empowerment was measured by the Psychological Empowerment Scale (Spreitzer, 1995b) which measures four dimensions of empowerment of having sense of meaning, competence, self-determination, and impact. The scale items are measured on a 7-point Likert-type scale ranging from 1 = *very strongly disagree* to 7 = *very strongly agree*. A total mean score was used.

The organizational support variables were measured using the Social Structural Scale (Spreitzer, 1995a). The scale measures four dimensions of a work context including sociopolitical support, access to organizational strategic information, access to resources, and organizational culture on a 7-point Likert-type scale (1 = *very strongly disagree* to 7 = *very strongly agree*). A mean score of each subscale was used.

The work conditions variables (i.e. hours providing services to trauma cases and quality clinical supervision) as well as control variables were measured with the Demographic and Individual Survey designed for this study. To measure the hours providing services to trauma cases, the respondents were asked to provide their average weekly hours spent providing direct services to the survivors of family violence or sexual assault.

For the quality of clinical supervision, five items were created. The first item asked to provide the average number of hours spent in receiving clinical supervision. Based on the reflective supervision literature (Parlakin, 2001), the following four items were developed; 1) regularity of the clinical supervision, 2) the degree of supervisor's attentiveness, 3) the degree to which the supervisor encourages the social workers to explore their thoughts and feelings related to their trauma work, and 4) the degree to which the supervisor focuses on the social worker's personal and professional development. The four items were measured on a 5-point Likert scale (1 = *never*, 5 = *very often*). The Principle Component Analysis (PCA) indicated that all supervision items were inter-correlated and measured one concept (Cronbach's alpha = .90). Therefore, a total sum score was used and clinical supervision items were labeled as "quality of supervision."

All of the control variables including age, salary, past trauma history, and years of work experience in a trauma field were entered into the research model as continuous variables. Salary was measured with 13 categories with the lowest value being 1 = \$80,000 or above and the highest value being 13 = \$25,000 or below. Past trauma history was measured by the number of seven different trauma types experienced by the respondents (value range: 0 to 7).

The hypotheses were tested using the OLS multiple regression analysis. To test the mediation effect of psychological empowerment, I examined whether the following four conditions were present (Baron & Kenny, 1986). First, organizational characteristics must be significantly related to STS. Second, organizational characteristics must be significantly related to psychological empowerment. Third, psychological empowerment must be significantly related to STS. Finally, after psychological empowerment is entered into the first model, any significant relationships between organizational characteristics and STS must disappear or be significantly reduced.

## Results

The current research participants exhibited mild levels of STS (Mean = 32.07, SD = 10.39). However, approximately 65% of the social workers had at least one or more STS symptoms.

In the first hypothesis testing, social workers having more sociopolitical support ( $b = -1.989, p < .05$ ), and access to strategic information ( $b = -1.761, p < .05$ ) predict lower levels of STS. Contrary to the hypothesis, neither of the work conditions have significant relationships with STS. Past trauma history is the only control variable that is associated with STS ( $b = 1.39, p < .05$ ).

In the second hypothesis testing, all of the organizational support variables predict psychological empowerment with the exception of having access to resources. To explicate, the social workers felt more empowered when they perceived to have higher levels of sociopolitical support ( $b = .218, p < .01$ ) and more access to organization's strategic information ( $b = .145, p < .05$ ). Moreover, the social workers who perceived to be in an organization that valued the culture of openness, flexibility, creative problem solving, and assessing employee's concerns and human relations, reported higher levels of psychological empowerment ( $b = .205, p < .01$ ). Work conditions variables are not related to psychological empowerment.

In the third hypothesis testing, as expected, psychological empowerment has a significant negative relationship with STS ( $b = -3.012, p < .01$ ). Past trauma history is also positively related to STS in this model ( $b = 1.536, p < .01$ ).

Finally, the mediation effect of psychological empowerment was not found. While the significant relationships between the two organizational variables (having sociopolitical support and access to strategic information) and STS became only marginally significant, psychological empowerment is insignificantly related to STS.

Speculating that psychological empowerment might moderate instead of mediate the effects of independent variables on STS, a moderation test was also done. Among the independent variables that predicted STS, the effects of past trauma history on STS is likely to be buffered by psychological empowerment. To explicate, the effects of the social workers' past trauma history on STS might be diminished if the social workers felt more empowered. To test the moderation effect, I created an interaction term of psychological empowerment and past trauma history. While the significant relationship between past trauma history and STS disappeared when the interaction term was entered into the model, the interaction term did not significantly affected STS. Therefore, the moderation effect of psychological empowerment was not found.

## Utility for Social Work Practice

The study findings yield several social work implications. The relatively high prevalence of STS was found among the social workers in this study. Thus, social service organizations that assist family violence or sexual assault survivors acknowledging the existence of STS among their practitioners is important.

The relationship between sociopolitical support and STS suggests that to prevent or reduce the severity of STS, enhancing supportive networks within the organization is crucial. Moreover, as the relationship between sociopolitical support and psychological empowerment demonstrates, enhancing supportive networks in the organization will also give a stronger sense of empowerment to social workers.

The study findings also suggest that administrators who provide more access to organizational strategic information can prevent STS and enhance a sense of psychological empowerment among their social workers. To provide social workers with more access to strategic information, administrators could invite them to participate in the agencies' decision-making process in establishing annual goals and strategic information. Social work agencies also need to implement effective and efficient communication channels to ensure that social workers' access to strategic information.

An innovative finding of this study is the relationship between psychological empowerment and STS. The result implies that organizations could prevent STS by enhancing social workers' sense of empowerment. Although empowerment did not mediate the relationship between organizational characteristics and STS, some organizational characteristics can be utilized to enhance social workers' empowerment. For example, in addition to the previously mentioned organizational implementations, promoting a participatory culture is important to enhance a sense of empowerment. Specifically, administrators and supervisors must be open to listen to and assess practitioners' concerns and ideas and encourage creative approaches to solve problems.

Past trauma history is an important individual characteristic placing social workers at risk of STS. Social workers should recognize that people with trauma histories could be more vulnerable towards STS. It is crucial that they utilize healthy coping methods. However, since STS can result from performing social work activities, agencies should take a leading role in assisting social workers in preventing or minimizing STS.

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